

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035325

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 382

Primary Registration District No. 3037

Registrar's No. 161

**FILED OCT 11 1962**

1. PLACE OF DEATH  
a. COUNTY

**Lawrence**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Lawrence**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Mt. Vernon**

Length of stay in lb  
**9 yrs.**

c. CITY  
OR TOWN **Mt. Vernon**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **426 E. Pleasant**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**426 E. Pleasant**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Thomas** Middle **F.** Last **Dill**

4. DATE OF DEATH  
Month **October** Day **1** Year **1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**white**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**3/27/1916**

9. AGE (last birthday)  
**46**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Greenfield, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**James Dill**

13b. MOTHER'S MAIDEN NAME

**Myrtle Stigall**

14. NAME OF HUSBAND OR WIFE

**Alma Dill**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
**Alma Dill** Address **Mt. Vernon, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebrall Hemorrhage.**

INTERVAL BETWEEN  
ONSET AND DEATH  
**8hr**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**Arteriosclerosis.**

**Yrs.**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4.20P.M. 9-30-62** to **1.25 A.M. 10-1-62** and last saw him alive on **Oct. 1. 62.**

Death occurred at **2:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**J. G. Boussard** (Degree or title)

D.O.

22b. ADDRESS

**Mount Vernon, Mo.**

22c. DATE SIGNED

**10-2-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
**burial**

23b. DATE  
**10/3/1962**

23c. NAME OF CEMETERY OR CREMATORY  
**City Cemetery**

23d. LOCATION (City, town, or county)  
**Mt. Vernon**

(State)  
**Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Max L. Fossett**

**Mt. Vernon, Mo.**

25. DATE RECD. BY LOCAL REG.

**10-3-62**

26. REGISTRAR'S SIGNATURE

**Roy Guntham / RW**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

**0551**

**0551**

**3**

**4 0**

**5 1**

**6**

**7 0**

**8 2**

**9331X**

**10**

**11**

**12 90-2**

**13 5-0**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed May L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.